

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	30	←	←	←		
TOTAL CLAIMS	32	████████	████████	████████	████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████	████████	